

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 01/02/2005		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 01/06/2005					
		FINANCIAL PAYER: NCDMM					
						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
						FINALIZED	PAID
3404901	SMOXY MOUNTAINM H/DD/SAS	8505	5727	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8517	31	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	5830	5861 31
		191	30	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME			
3404902	BLUE RIDGE COMM UNITY	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0 0
3404904	WESTERN HIGHLAN DS LME	11	1351	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	253	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	49	2222	6876 4654
		167	239	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM			
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0 0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0 0
3404910	PATHWAYS	8329	715	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA			
		8599	121	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	1039	4712 3670
		8505	114	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
3404912	CATAWBA COUNTYM ENTAL HEALT	11	34	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		0	0		0	34	35 1
3404913	MECKLENBURG COM ENTAL HEALT	8517	81	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM			
		8933	64	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	129	274	1095 821
		8932	64	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404916	CROSSROADS BEHA VIOBAL HEAL	8517	158	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		11	51	CLIENT NOT ELIGIBLE ON SERVICE DATE	4	392	3092	2700
		8599	50	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUMAN SERVICES	11	497	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8931	113	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPFS.	121	779	2229	1450
		8599	76	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404918	ROCKINGHAM COUNTY MENTAL HEALTH	11	179	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	1	DUPLICATE OF CLAIM-SYSTEM	1	182	184	2
		8505	1	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
3404919	GUILFORD COUNTY MENTAL HEALTHC	8599	146	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	81	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	17	355	7961	7606
		8518	35	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404920	ALAMANCE CASHWELL AREA MHD	8505	1320	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		11	34	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1354	1354	0
3404921	ORANGE PERSON CENTERED CARE NORTHAM AREA	3312	1125	PRIOR AUTHORIZED DOLLARS EXCEEDED				
		8599	434	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	40	2364	4005	1641
		8329	321	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
3404922	THE DURHAM CENTER	11	1349	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	795	DUPLICATE OF CLAIM-SYSTEM	7	2710	5860	3150
		8599	277	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	VOFW AREA AUTHORITY	8000	290	NO RATE AVAILABLE ON FILE TO FURNISH THIS CLAIM DETAIL				
		8599	130	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	609	2932	2323
		11	88	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404925	SANDHILLS CENTE R FOR MH/DD	8599	1318	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	548	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	55	3365	5158	1793
		21	343	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	11	889	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	72	DUPLICATE OF CLAIM-SYSTEM	87	1318	5101	3783
		8599	63	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	2452	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	150	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	2764	2980	210
		27	43	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404929	LEE HARNETT MH/ DD/SAS	11	82	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	47	DUPLICATE OF CLAIM-SYSTEM	0	153	384	231
		8329	11	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	89	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	118	186	3063	2877
		120	25	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404931	WAKE CO HUM SVC BILLING OF	11	307	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	242	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	165	1017	3363	2346
		21	97	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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3404933	SOUTHEASTERN CT R FOR MH/DD	11	101	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	28	207	2294	2087
		8931	23	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404934	ONSLow COUNTY B BEHAVIORAL H	11	87	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	188	1077	889
		8329	40	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	31	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8932	12	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	43	57	2147	2090
		21	7	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGEcombe NASH MNTL HLTH C	21	69	DUPLICATE OF CLAIM-SYSTEM				
		8505	55	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	6	220	1698	1478
		11	30	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404938	UGFW DBA RIVERS TONE COUNSE	8000	30	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		21	30	DUPLICATE OF CLAIM-SYSTEM	4	79	1730	1651
		5404	10	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TGS/DOS/MOD				
3404939	NEUSE MENTAL HE ALTH CENTER	11	222	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8329	13	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	237	266	29
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404941	PITT CO MH/DD/S AS CENTER	11	326	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	75	DUPLICATE OF CLAIM-SYSTEM	5	486	994	508
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	9	30	632	602
		21	4	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	21	2570	DUPLICATE OF CLAIM-SYSTEM				
		3404	91	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	118	3114	6945	3831
		191	84	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404944	EASTPOINTE HUMA N SERVICES	11	104	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	25	266	3125	2859
		8000	30	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404946	FOOTHILLS AREAM ENTAL HEALT	11	1157	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	986	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	2511	6119	3608
		8000	304	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404957	TIDELAND MENTAL HEALTH CTR	8931	32	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
		8000	28	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	44	82	521	439
		8932	10	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	4368	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	337	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	4801	5504	703
		8800	93	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				